

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

June 3, 1988



ALL-COUNTY INFORMATION NOTICE NO. I-47-88

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMMIGRATION REFORM AND CONTROL ACT OF 1986

The purpose of this All-County Information Notice (ACIN) is to provide Counties with information on the Federal Immigration Reform and Control Act of 1986 (IRCA) as it relates to In-Home Supportive Services (IHSS).

BACKGROUND:

IRCA was signed into law on November 6, 1986. The Immigration and Naturalization Service (INS) adopted regulations effective May 1, 1987 implementing provisions on the adjustment of status of certain aliens. Pursuant to IRCA, illegal aliens who have resided in the United States since January 1, 1982 are given the opportunity to become legal residents of the U.S. These aliens must provide verification that they have resided in the U.S. since January 1, 1982, that they have employment history and that they have not or are unlikely to become a public charge. Illegal aliens had until May 4, 1988 to apply for legal residency.

This law impacts the IHSS Program in that it requires employers to verify the identity and legal status of each employee hired on or after November 6, 1986. Failure to do so may result in penalties for the employer.

Pursuant to Public Law 99-603, Section 274a1(g), employers are defined as a "person or entity...acting directly or indirectly in the interest thereof who engages the services...of an employee...."

Counties and the State Department of Social Services (SDSS) do not fall under these provisions as employers of IHSS individual providers as they do not "directly or indirectly engage" the service even if the County refers the provider to the recipient. The recipient is the employer and is responsible for complying with the law; however, Counties are encouraged to assist recipients in meeting these additional employer responsibilities.

PROCEDURES:

SDSS will inform IHSS recipients of their responsibilities as employers through the revised SOC 332. The SOC 332 instructs recipients to verify that their provider is legally residing in the U.S., complete the I-9 on their provider and retain the I-9 for three years after their provider's employment is terminated.

In addition to these instructions, the recipient will be reminded that their provider must have a valid social security number. The SOC 332 will be signed by both the recipient and provider.

Counties may assist IHSS recipients in meeting their responsibilities as employers. County Social Services Workers may provide IHSS recipients with the I-9 to complete for their provider. I-9s may be obtained in limited quantities from the INS District Offices or ordered from the Superintendent of Documents, Washington D.C. 20402. I-9s may also be photocopied or printed without restriction.

Counties may charge a fee for any assistance they give IHSS providers. If a County does charge a fee, charges must be credited on the County Administrative Expense Claim Form. If clerical or administrative personnel assist the IHSS provider, the fee paid to the County for this assistance must be subtracted from the total cost in the clerical or administrative pool (DFA 325.1, lines F or G). If a caseworker assists the IHSS provider, the time expended is charged to "Other County Only Programs". Counties that charged a fee in 1987 for providing this information must complete a Supplemental Administrative Expense Claim Form.

Pursuant to confidentiality requirements of Welfare and Institutions Code Section 10850, Counties are prohibited from releasing to INS any recipient's name as the employer to verify the alien's employment.

Attached to this All-County Information Notice is a list of the INS Legalization Centers established throughout the State. Counties may refer recipient and provider questions to these Centers.

IHSS applicants applying for legalization under IRCA are subject to the same residency requirements as all applicants. They must be permanent legal residents of the U.S and have a permanent resident card (I-551) issued by INS. Aliens applying for legal status first must apply for temporary resident status. They are issued a temporary resident card (I-688 or I-688A) with an

expiration date. Temporary legal residents are not eligible to IHSS. Counties should be aware that expired I-688s and I-688As are not valid and should not be used as evidence of the applicants' legal status.

SDSS, in coordination with the County Welfare Directors Association, will continue reviewing the impact of IRCA on IHSS. Counties will be advised in writing of any further procedural changes resulting from the implementation of IRCA.

If you have any questions concerning specific IHSS eligibility, please contact your Adult and Family Services Consultant. Questions regarding general IRCA IHSS provisions should be directed to Ms. Roberta Wilson of the Immigration and Resettlement Bureau at (916) 445-0563.



LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachments

cc: County Welfare Directors Association

LEGALIZATION OFFICE SITES

Anaheim	(714) 534-1281	12912 Brookhurst Blvd. Garden Grove, CA 92640
Bakersfield	(805) 861-4351	1011 17th St. Bakersfield, CA 93301
Calexico	(619) 357-5097	16 Heffernan Rd. Calexico, CA
East Los Angeles	(213) 267-6555	1241 South Soto St. Los Angeles, CA 90023
El Centro	(619) 353-3317	1627 West Main St. El Centro, CA 92243
El Monte	(818) 350-0173	9660 Flair Dr. El Monte, CA 91731
Escondido	(619) 557-6317	463 Midway Drive Escondido, CA 92027
Eureka	(707) 445-3003	714 Fourth Street Eureka, CA 95501
Fresno	(209) 264-5817	1649 Van Ness Ave. Fresno, CA 93704
Hollywood	(213) 484-9224	1671 Wilshire Blvd. Los Angeles, CA 90017
Huntington Park	(213) 583-2487	6022 Santa Fe Ave. Huntington Park, CA 90021
Indio	(619) 347-8073	83-558 Avenue 45, Suite B Indio, CA 92201
Las Vegas	(702) 388-6855	3055 South Valley View Blvd. Las Vegas, NV 89102
Long Beach	(213) 804-2508	9858 Artesia Blvd. Bellflower, CA 90805
Norwalk	(714) 739-0906	7342 Orangethorpe Ave. Buena Park, CA 90621
Oakland	(415) 273-7222	1401 Lakeside Dr. Oakland, CA 94612
Oxnard	(805) 483-1624	400 South A Street Oxnard, CA

Phoenix	(602) 261-3323	3420 South 7th St. Phoenix, AZ 85016
Pomona	(714) 629-2872	960 East Holt Blvd. Pomona, CA 91767
Redding	(916) 244-9027	1401 Gold St. Redding, CA 96001
Reno	(702) 784-5669	350 South Rock Unit B Reno, NV 89502
Riverside	(714) 369-9225	1285 Columbia Ave. Riverside, CA 92504
Sacramento	(916) 551-3163	3041 65th St. Sacramento, CA 92820
Salinas	(408) 443-2145	947 Bianco Circle Salinas, CA 93901
San Diego	(619) 557-6515	32247 Mission Village Dr. San Diego, CA 92123
San Fernando	(818) 895-2843	16921 Parthenia St. Sepulveda, CA 91343
San Francisco	(415) 556-5552	1727 Mission St. San Francisco, CA 94103
San Jose	(408) 291-6471	1040 Commercial St. San Jose, CA 95112
Santa Ana	(714) 547-4753	1901 South Ritchey St. Santa Ana, CA 92705
Stockton	(209) 472-5247	7475 Murray St. Stockton, CA 95210
Torrence	(213) 297-0174	555 West Redondo Beach Blvd. Gardena, CA 90248
Van Nuys	(818) 508-6752	11307 Vanowen St. North Hollywood, CA 91605
Willcox	(602) 384-4238	281 West Maley Willcox, AZ 85643
Yuma	(602) 726-2553	1325 West 16th St. Yuma, AZ 85364

IN-HOME SUPPORTIVE SERVICES **Recipient/Employer Responsibility Checklist**

I, _____, HAVE BEEN INFORMED BY MY WORKER THAT AS A RECIPIENT/EMPLOYER, I AM RESPONSIBLE FOR THE ACTIVITIES LISTED BELOW:

- 1) To find, hire, train, supervise, and fire the provider(s) I employ.
- 2) To verify that my provider(s) is legally residing in the United States. I must complete an I-9 for my provider(s) and retain the I-9 for (3) years.
- 3) To ensure standards of compensation, work scheduling and working conditions for my provider(s).
- 4) To provide my worker with the following information regarding my provider(s), and any future change in my provider(s).

- | | |
|--------------------------|--|
| — Name | — Primary Language* |
| — Address | — Telephone Number |
| — Social Security Number | — Relationship to me, if any |
| — Date of Birth* | — Hours to be worked and services to be performed by each provider |
| — Ethnicity* | |

*Please provide this information if it is available to you.

- 5) To inform my provider(s) that the hourly rate of pay is \$_____, gross and that Social Security and State Disability Insurance taxes may be deducted from the payment.
- 6) To inform my provider(s) that they may request that Federal or State Income Taxes be deducted from the payment and he/she will be sent a Form W-2 Wage and Tax Statement at the end of January for income tax filing.
- 7) To inform my provider(s) that he/she may be covered by Workers' Compensation, State Unemployment Insurance benefits, and State Disability Insurance benefits.
- 8) To inform my provider(s) of the services authorized and the time given to perform authorized services.
- 9) To pay my share of cost, if any, directly to my provider(s) or directly to the county social services department.
- 10) To verify and sign my provider(s) timesheet for each pay period showing the correct day and the correct total number of hours worked.
- 11) To ensure my provider(s) signed his/her timesheet.
- 12) To advise my provider(s) to mail his/her signed timesheet to the appropriate county social services department at the end of each pay period.
- 13) To comply with laws and regulations relating to wages/hours/working conditions and hiring of persons under age 18.

Note: Refer to Industrial Welfare Commission (IWC) Order 15-86 regarding wages/hours/working conditions obtainable from the State Department of Industrial Relations, Division of Labor Standards and Enforcement listed in the telephone book. Additional information regarding the hiring of minors may be obtained by contacting your local school district.

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I HAVE EXPLAINED THE RESPONSIBILITIES LISTED ON THIS FORM TO THE IHSS RECIPIENT.

_____ Worker	_____ Telephone	_____ Date
_____ Recipient		_____ Date
_____ Provider		_____ Date

INSTRUCTIONS FOR USE OF THE RECIPIENT/EMPLOYER RESPONSIBILITY CHECKLIST

1. This form is recommended for review with recipients receiving service from Individual Providers **only**.
2. Counties may use this form to assure that recipients have been advised of and understand their basic responsibilities as employers of IHSS providers.
3. Review each item with the recipient and explain how the recipient can comply with each requirement.
4. Sign and date the form.
5. Leave a copy of the form with the recipient.

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number		City	State
			ZIP Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- ☐ 1. A citizen or national of the United States.
- ☐ 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- ☐ 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
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PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City
	State
	Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form _____ # _____ <i>Document Identification</i> # _____ <i>Expiration Date (if any)</i> _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

Employment Eligibility Verification

NOTICE: Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

Section 1. Instructions to Employee/Preparer for completing this form

Instructions for the employee.

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number *or* Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

All employees must sign and date the form.

Instructions for the preparer of the form, if not the employee.

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

Section 2. Instructions to Employer for completing this form

(For the purpose of completion of this form, the term "employer" applies to employers and those who recruit or refer for a fee.)

Employers must complete this section by examining evidence of identity and employment eligibility, and:

- checking the appropriate box in List A *or* boxes in both Lists B and C;
- recording the document identification number and expiration date (if any);
- recording the type of form if not specifically identified in the list;
- signing the certification section.

NOTE: Employers are responsible for reverifying employment eligibility of employees whose employment eligibility documents carry an expiration date.

Copies of documentation presented by an individual for the purpose of establishing identity and employment eligibility may be copied and retained for the purpose of complying with the requirements of this form and no other purpose. Any copies of documentation made for this purpose should be maintained with this form.

Name changes of employees which occur after preparation of this form should be recorded on the form by lining through the old name, printing the new name and the reason (such as marriage), and dating and initialing the changes. Employers should not attempt to delete or erase the old name in any fashion.

RETENTION OF RECORDS.

The completed form must be retained by the employer for:

- three years after the date of hiring; or
- one year after the date the employment is terminated, whichever is later.

Employers may photocopy or reprint this form as necessary.